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OSHA LIANG L.L.P. 1221 MCKINNEY STREET SUITE 2800					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
HOUSTON, TX 77010					(Bepositor's name)				
•					(Signature)				
					(Date)				
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/564,869 04/17/2006		<u> </u>	Rami Salib		· · · · · · · · · · · · · · · · · · ·	09669/080001		5093	
TITLE OF INVENTION: CHIP CARD INCLUDING TAMPER-PROOF SECURITY FEATURES									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	04/16/2008	
EXAMINER ART UNIT .			CLASS-SUBCLASS	$\neg$					
VO, TUYEN KIM 2887		2887	235-492000						
1. Change of correspondence CFR 1.363).	2. For printing on the patent front page, list								
Cra 1303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE					(CITY and STATE OR COUNTRY)				
AXALTO S.A.	MEUDON, FRANCE								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙆 Corporation or other private group entity 🔲 Government									
4a. The following fee(s) are:  S Issue Fee  Publication Fee (No si  Advance Order - # of	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).									
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Authorized Signature #45,079 Date April 15, 2008									
Typed or printed name Jonathan P. Osha THONAS SHEER Registration No. 33,986									

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